

Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 306006456

Report Date: 03/20/2026

Date Signed: 03/20/2026 01:20:21 PM

Unfounded

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION ORANGE COUNTY RO, 770 THE CITY DR., SUITE 7100 ORANGE, CA 92868
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on 04/01/2025 and conducted by Evaluator Brandon Lopez

PUBLIC	COMPLAINT CONTROL NUMBER: 22-AS-20250401131844
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FACILITY NAME: IVY PARK AT HUNTINGTON BEACH	FACILITY NUMBER: 306006456
ADMINISTRATOR: REAMER-YU, BRYAN	FACILITY TYPE: 740
ADDRESS: 7401 & 7351 YORKTOWN AVE.	TELEPHONE: (714) 536-3032
CITY: HUNTINGTON BEACH	STATE: CA ZIP CODE: 92648
CAPACITY: 142	CENSUS: 117 DATE: 03/20/2026
MET WITH: Executive Director Bryan Reamer-Yu	UNANNOUNCED TIME BEGAN: 12:30 PM
	TIME COMPLETED: 01:30 PM

ALLEGATION(S):

1	Licensee did not issue refund to representative
2	Licensee not responding to responsible party
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INVESTIGATION FINDINGS:

1	On March 20, 2026, Licensing Program Analyst (LPA) Brandon Lopez made an unannounced visit to the facility to deliver the complaint findings. LPA was greeted and granted entry into the facility by staff after explaining the purpose for the visit. Executive Director (ED) Bryan Reamer-Yu was present and assisted on today's visit.
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6	During the course of the investigation, the Department interviewed staff, interviewed residents, interviewed witnesses, reviewed and obtained pertinent documents for this complaint. Regarding the allegation, Licensee did not issue refund to representative, the following has been concluded: It was alleged that the Licensee did not issue a refund to Person #1 (P1) representative. The Department conducted an interview with P1's representative, Witness #1 (W1). W1 stated that a cashier's check in the amount of \$6,000.00 was provided to the facility by a different family member, who was not an authorized representative of P1. W1 said that the cashiers check was made on March 15, 2025, and that the cashier's check was for a deposit for P1 to move into the facility. CONTINUED ON LIC9099-C
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Unfounded	Estimated Days of Completion: 90
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SUPERVISORS NAME: Sheila Santos
LICENSING EVALUATOR NAME: Brandon Lopez
LICENSING EVALUATOR SIGNATURE:

DATE: 03/20/2026

I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 03/20/2026

This report must be available at Child Care and Group Home facilities for public review for 3 years.

LIC9099 (FAS) - (06/04)

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Control Number 22-AS-20250401131844

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
ORANGE COUNTY RO, 770 THE CITY DR., SUITE 7100
ORANGE, CA 92868

COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: IVY PARK AT HUNTINGTON BEACH

FACILITY NUMBER: 306006456

VISIT DATE: 03/20/2026

NARRATIVE

1 W1 stated that he contacted the facility to return the cashiers check since it was not made by P1's
2 authorized representative and since he had no intention of moving P1 into the facility. W1 confirmed that
3 the facility did not deposit the cashiers check and confirmed that the cashiers check was returned to him
4 by the facility on March 27, 2025. W1 also confirmed that P1 was never admitted into the facility and that
5 an admission agreement was never signed by either party. The Department conducted an interview with
6 the ED for this allegation. The ED confirmed that the facility did receive a cashiers check for P1 as a
7 deposit for her to move in the facility. The ED stated that once they were informed that the cashiers
8 check was not made by P1's authorized representative, it was not deposited and it was returned to W1
9 on March 27, 2025. The ED confirmed that P1 was never admitted to the facility and that an admission
10 agreement was never signed by either party.

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12 Regarding the allegation, Licensee not responding to responsible party, the following has been
13 concluded: It was alleged that the Licensee did not respond to P1's responsible party. The Department
14 conducted an interview with P1's responsible party, W1. W1 confirmed that P1 was never admitted into
15 the facility and that an admission agreement was never signed by either party. The Department also
16 conducted an interview with the ED. The ED also confirmed that P1 was never admitted into the facility
17 and that an admission agreement was never signed by either party. Since P1 was never admitted into
18 the facility and since an admission agreement was not signed by either party, P1 is not considered to
19 have ever been a resident at the facility. Since P1 was never a resident at the facility, the Licensee is
20 able to respond to general inquiries by the public at their own discretion.

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22 Based on the evidence gathered during this investigation, the complaint is UNFOUNDED, meaning that
23 the allegations were false, could not have happened and/or is without reasonable basis. An exit
24 interview was conducted with Executive Director Bryan Reamer-Yu and a copy of the report was
25 provided.
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SUPERVISORS NAME: Sheila Santos
LICENSING EVALUATOR NAME: Brandon Lopez
LICENSING EVALUATOR SIGNATURE:

DATE: 03/20/2026

I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 03/20/2026

LIC9099 (FAS) - (06/04)

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